

INSTRUCTIONS: Enter the aggregate number of incidents as reported on the Vandalism, Violence, and Substance Abuse Incident Report Form or locally designed form. File this report with the county superintendent of schools by August 13, 1999.

County: _____

District: _____

ANNUAL DISTRICT REPORT OF VANDALISM, VIOLENCE, AND SUBSTANCE ABUSE

1998-99 School Year

Section I

A. Enter the number of students (unduplicated count) involved in incidents reported in Section B below. _____

B. Indicate the **total number** of each type of incident: (If zero (0), leave blank.)

1. VANDALISM	2. VIOLENCE	3. WEAPONS	3. SUBSTANCE ABUSE
a) _____ Arson b) _____ Burglary c) _____ Damage to Property d) _____ Fireworks Offense e) _____ Theft f) _____ Trespassing Number that were: bias incidents. _____ incidents where victim was a staff member. _____	a) _____ Simple Assault b) _____ Aggravated Assault c) _____ Fight d) _____ Gang Fight e) _____ Robbery f) _____ Extortion g) _____ Sex Offense h) _____ Other Violence Offense Number that were: bias incidents. _____ incidents where victim was a staff member. _____	a) _____ Bomb Offense* b) _____ Possession of Firearm* c) _____ Assault with a Firearm* d) _____ Assault with other Weapon* *Submit one completed Section III for each student committing an offense reported in a-d above. e) _____ Possession of other Weapon f) _____ Sale or Transfer of Weapon Number that were: bias incidents. _____ incidents where victim was a staff member. _____	<div style="text-align: right; margin-bottom: 10px;"> alcohol marijuana other </div> a) Use _____ _____ _____ b) Possession _____ _____ _____ c) Distribution _____ _____ _____

C. 1. Total Estimated Cost to District of Vandalism: \$ _____

2. Total Number of Vandalism Incidents Involving Cost to District: _____

D. Total number of actions taken: (If zero (0), leave blank.):

1. _____ complaint filed with police 2. _____ expulsion* _____ in-school suspension _____ other action
 _____ police notified (no complaint filed) _____ removal to alternative program* _____ out-of-school suspension

*Submit one completed Section II for each student.

Date of School Board Meeting Data (to be) reported: ____/____/____

Signature of Chief School Administrator: _____